

**William Bee Ririe Hospital & Clinic**  
**Patient/Visitor Concern Form**

Person submitting concern: \_\_\_\_\_ Date of Concern: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Concern Received By: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Patient/Customer/Visitor Statement of Concern: \_\_\_\_\_

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Patient's/Customer/Visitor's Recommendation(s) for improvement: \_\_\_\_\_

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Please return to: **William Bee Ririe Hospital**  
**Customer Service Manager** (289-3467 ext. 277)  
**1500 Avenue H.**  
**Ely, NV. 89301**

**Manager(s)/Physician(s) Responsibilities:**

Root Cause Analysis: \_\_\_\_\_

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Action taken (System/Process Improvements)-Attach a Copy of the Revised Policy & Procedure:

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Dept. Manager or Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Follow-up Date: \_\_\_\_\_

Chief of Staff/Vice-Chief of Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Follow-up Date: \_\_\_\_\_

(After Manager(s)/Physician(s) obtain Customer Service Manger and CEO Approval for Recommendations):

Customer Service Manager: \_\_\_\_\_ Date: \_\_\_\_\_ Patient Follow-up Date: \_\_\_\_\_

Resolution (Circle): Satisfactory or if Unsatisfactory--Explain:

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C.E.O. Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Thanks for sharing your concern.

\*ATTACH A COPY OF REPLY TO THIS FORM\*

**WILLIAM BEE RIRIE HOSPITAL RURAL HEALTH CLINIC (WBRHRHC)  
POLICY/PROCEDURE**

**C.E.O. APPROVAL** \_\_\_\_\_ **BOARD APPROVAL:** \_\_\_\_\_

**Date Revised:** \_\_\_\_\_

**SUBJECT: PATIENT/ CUSTOMER CONCERNS**

**DEPARTMENT: All Departments**

**Policy:**

**It is WBRH's intent to investigate all documented Patient/Visitor concerns in an assertive professional systematic manner, to continuously improve quality patient care and patient satisfaction.**

**Systematic Concern Procedure:**

1. Patient(s)/customer(s) who have a concern may document said concern on the Patient/Visitor Concern Form. Additionally, an employee or other interested party may complete the Patient/Visitor Concern Form on the patients' behalf.
2. The documented Patient Problem/Concern Form(s) should be forwarded to Customer Service Manager: Patient/Visitor Concern Forms, if completed by an employee, should be forwarded to the Customer Service Manager within 24 hours. The Customer Service Manger is responsible, within 24 business hours, to provide the department manger(s) and/or physician(s) a copy of the Patient/Customer Service Concern Form.
3. The department manager(s) and/or physician(s) are, within 72 business hours, responsible for performing a root cause analysis and, if necessary, recommend system or process changes to the Customer Service Manager. As part of a root cause analysis, the manager will receive a written response from the employee(s) whom the complaint is directed. Additionally, the department manager and or physician, if requested by the Customer Service Manager or CEO, is responsible to provide the Customer Service Representative a written response (draft) to the Customer Service Manager. Finally, if deemed necessary by the Customer Service Representative, the Customer Service Manager has authority to extend the 72-business hour root cause analysis requirement.
4. Manager(s) and/or physician(s) in all circumstances, from the Customer Service Representative, are provided identifying information about whom, when, where, and what to perform an appropriate root cause analysis. If adequate information is not available for the manager(s) and/or physician(s) to perform a root cause analysis, the Customer Service Representative will informally discuss the concern with the manager. The manager(s) and/or physician(s) is not required to provide a formal recommendation. The concern will not be included in the quality assurance evaluation and monitoring studies.

5. The Customer Service Manger, after reviewing the department manger and/or physician system or process change recommendation(s), and, if applicable, policy and procedure changes, is responsible to review the recommendations with the CEO. Additionally, concerns regarding a physician will be reviewed by the Chief of Staff or physician designated by the Medical Staff. Any concerns regarding the chief of Staff will be reviewed by the Vice-Chief of Staff.
6. The Customer Service Representative, after obtaining CEO approval, will determine who performs patient follow up and if follow up is written or verbal. Time frames to follow up with patient will be no longer than (10) business days. Patient follow up is required unless patient requests that no follow up be done or follow up was done as part of a patient survey and patient did not request follow up.
7. The Customer Service Representative, as part of an ongoing quality assurance study, is responsible to evaluate and monitor patient concern information. If available, the Customer Service Representative is responsible to benchmark data with other hospitals. The Customer Service Quality Assurance Report will be reviewed with the CEO each month. Additionally, the Customer Service Manger, after reviewing the report with the CEO, is responsible to review the Customer Service Quality Assurance Report findings with appropriate department manager(s) and/or physician(s) on a monthly basis r next regularly scheduled meeting basis. Finally, the Customer Service Manger is responsible to present a monthly Customer Service Quality Assurance Report to the WBRH Medical Staff and WBRH board.